

CLIENT 9870

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NORTH HOLLYWOOD, CA 91607-2350  
(818) 980-7867

November 2, 2015

HOLLYWOOD MEDIA DISTRICT PROPERTY  
OWNERS' ASSOCIATION  
1040 N. LAS PALMAS AVE  
HOLLYWOOD, CA 90038

Dear Client:

Your 2014 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO IRS e-file Signature Authorization. No tax is payable with the filing of this return.

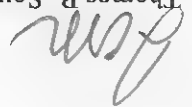
Your 2014 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by December 15, 2015. Mail your California payment voucher, Form 3586, on or before December 15, 2015 to:

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0531

Please be sure to call us if you have any questions.

Sincerely,

Thomas R. Soule, CPA



Return of Organization Exempt From Income Tax

Under section 501(c)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending

C	Check if applicable:	HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038
F	Name and address of principal officer:	Same As C Above
I	Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J	Website: <input type="checkbox"/> WWW.MEDIADISTRICT.ORG	
K	Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>
L	Year of formation:	1998
M	State of legal domicile:	CA
H(a)	Is this a group return for subordinates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H(b)	Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. (see instructions))
H(c)	Group exemption number	
D	Employer identification number	95-4779871
E	Telephone number	(323) 860-0088
G	Gross receipts \$	1,028,869.

1	Briefly describe the organization's mission or most significant activities:	HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a).	19
4	Number of independent voting members of the governing body (Part VI, line 1b).	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	2
6	Total number of volunteers (estimate if necessary)	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12.	0.
7b	Net unrelated business taxable income from Form 990-T, line 34.	0.

Part I Summary		Activities & Governance		Revenue		Expenses		Part II Signature Block	
8	Contributions and grants (Part VIII, line 1h)			1,054,254.	1,027,619.			20	Total assets (Part X, line 16)
9	Program service revenue (Part VIII, line 2g)							21	Total liabilities (Part X, line 26)
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,410.	1,250.			22	Net assets or fund balances. Subtract line 21 from line 20.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,056,664.	1,028,869.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
14	Benefits paid to or for members (Part IX, column (A), line 4)								
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
16a	Professional fundraising fees (Part IX, column (A), line 11e)								
b	Total fundraising expenses (Part IX, column (D), line 25)								
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).								
19	Revenue less expenses. Subtract line 18 from line 12.								
20	Total assets (Part X, line 16)								
21	Total liabilities (Part X, line 26)								
22	Net assets or fund balances. Subtract line 21 from line 20.								

Sign Here	Signature of officer	MIKE MALICK	Type or print name and title	President
Paid Preparer Use Only	Print/Type preparer's name	Thomas R. Soule, CPA	Signature of preparer	Thomas R. Soule, CPA
	Firm's name	Thomas R. Soule, C.P.A.	Firm's address	12520 Magnolia Blvd, Suite 212 North Hollywood, CA 91607-2350
	Firm's EIN	953269294	Phone no.	(818) 980-7867
	Check <input checked="" type="checkbox"/> if self-employed	PTIN	P00008524	
	Date	11/2/15		

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
THE PROMOTION AND IMPROVEMENT OF THE HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes ☒ No ☐
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes ☐ No ☒
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 655,529, including grants of \$ ) (Revenue \$ )  
SECURITY. DURING 2014, THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE AND PATROL THE DISTRICT.

4b (Code: ) (Expenses \$ 250,874, including grants of \$ ) (Revenue \$ )  
CLEANING AND MAINTENANCE, INCLUDING THE REMOVAL OF TRASH, LITTER, GRAFFITI AND PRESSURE WASHING OF BUS STOPS AND SIDEWALKS IN THE DISTRICT.

4c (Code: ) (Expenses \$ 164,028, including grants of \$ ) (Revenue \$ )  
COMMUNITY RELATIONS. THE ORGANIZATION SPONSORED EVENTS TO ENHANCE THE IDENTITY OF THE DISTRICT.

4d Other program services. (Describe in Schedule O.)  
See Schedule O

4e Total program service expenses 1,070,431.

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	..	1	X	1	X	2	X	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	..	2	X	3	X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	..	3	X	4	X	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	..	4	X	5	X	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	..	5	X	6	X	6	Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	..	6	X	7	X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	..	7	X	8	X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	..	8	X	9	X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	..	9	X	10	X	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	..	10	X	11	X	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	..	11	X	12a	X	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII.	..	12a	X	12b	X	12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	..	12b	X	13	X	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	..	13	X	14a	X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	..	14a	X	14b	X	14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	..	14b	X	15	X	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	..	15	X	16	X	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	..	16	X	17	X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	..	17	X	18	X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	..	18	X	19	X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	..	19	X	20a	X	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	..	20a	X	20b	X	20b	Did the organization attach a copy of its audited financial statements to this return? If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	..	20b	X
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Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	22
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	23
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	X	24a
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		24d
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	X	25a
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	X	25b
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	X	26
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	X	27
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		28a 28b 28c
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	29
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	X	30
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	X	31
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	X	32
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	X	33
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	X	34
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	35a
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		35b
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		36
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	X	37
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	38

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0

c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-ments, filed for the calendar year ending with or within the year covered by this return	2a	2
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b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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b	If "Yes" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
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4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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b	If "Yes", enter the name of the foreign country: *	4b	
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5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
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b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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c	If "Yes", to line 5a or 5b, did the organization file Form 8886-T?	5c	
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6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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b	If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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7	Organizations that may receive deductible contributions under section 170(c).	7a	
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a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
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b	If "Yes", did the organization notify the donor of the value of the goods or services provided?	7b	
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c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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d	If "Yes", indicate the number of Forms 8282 filed during the year	7d	
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e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
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f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
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9	Sponsoring organizations maintaining donor advised funds.	9a	
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a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
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b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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10	Section 501(c)(7) organizations. Enter:	10a	
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a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
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11	Section 501(c)(12) organizations. Enter:	11a	
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a	Gross income from members or shareholders.	11a	
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b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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b	If "Yes", enter the amount of tax-exempt interest received or accrued during the year.	12b	
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13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
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a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
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c	Enter the amount of reserves on hand	13c	
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14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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b	If "Yes", has it filed a Form 720 to report these payments? If "No", provide an explanation in Schedule O	14b	
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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

1	Enter the number of voting members of the governing body at the end of the tax year.	19
2	Enter the number of voting members included in line 1a, above, who are independent officers, directors, trustees, or key employees?	19
3	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	
5	Did the organization have members or stockholders?	
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	
7	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a	The governing body?	
b	Each committee with authority to act on behalf of the governing body?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	

10a	Did the organization have local chapters, branches, or affiliates?	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

Yes No

10a

10b

11a

12a

12b

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16a

16b

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Institutional trustee	Individual trustee or director	Key employee	Highest compensated employee			
(1) WILLY ANABEL	5	X					0.	0.	0.
(2) MIKE MALICK	5	X					0.	0.	0.
President	0	X					0.	0.	0.
(3) J.L. SINGER	5	X					0.	0.	0.
Asst. Treasurer	0	X					0.	0.	0.
(4) RON GROPPER	5	X					0.	0.	0.
Vice President	0	X					0.	0.	0.
(5) CAROL CASSELLA	2	X					0.	0.	0.
Vice Pres. I	0	X					0.	0.	0.
(6) LAURIE GOLDMAN	5	X					0.	0.	0.
Treasurer	0	X					0.	0.	0.
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours related for organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee			

(15)							0.	0.	0.
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL PROTECTION SERVICES 639 WILSHIRE BLVD LOS ANGELES, CA 9001	SECURITY	655,529.
HOLLYWOOD BEAUTIFICATION TEAM 1741 N. CHEROKEE AVE HOLLYWOOD, CA 900	STREET MAINTENANCE	250,874.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☐

Contributions, gifts, Grants and Other Similar Amounts	
1 a Federated campaigns.	1 a
b Membership dues	1 b
c Fundraising events	1 c
d Related organizations.	1 d
e Government grants (contributions).	1 e
f All other contributions, gifts, grants, and similar amounts not included above.	1 f
g Noncash contributions included in lines 1a-1f: \$	
h Total. Add lines 1a-1f	
1,027,619.	
Total revenue	(A)
Related or exempt function revenue	(B)
Unrelated business revenue	(C)
Revenue excluded from tax under sections 512-514	(D)

Program Service Revenue					
2a					
b					
c					
d					
e					
f					
g					
Total. Add lines 2a-2f					

3	Investment income (including dividends, interest and other similar amounts).	1,250.			
4	Income from investment of tax-exempt bond proceeds.				
5	Royalties.				
6a	Gross rents.				
	(i) Real (ii) Personal				
b	Less: rental expenses.				
c	Rental income or (loss).				
d	Net rental income or (loss).				
7a	Gross amount from sales of assets other than inventory				
	(i) Securities (ii) Other				
b	Less: cost or other basis and sales expenses.				
c	Gain or (loss).				
d	Net gain or (loss).				

8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
	See Part IV, line 18				
b	Less: direct expenses.				
c	Net income or (loss) from fundraising events.				
9a	Gross income from gaming activities.				
	See Part IV, line 19				
a					
b	Less: direct expenses.				
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances				
a					
b	Less: cost of goods sold				
c	Net income or (loss) from sales of inventory.				
Miscellaneous Revenue					
Business Code					

11a					
b					
c					
d	All other revenue.				
e	Total. Add lines 11a-11d				
12	Total revenue. See instructions	1,028,869.	0.	0.	1,250.



Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
--	--	--------------------------	--------------------

Assets		b Less: accumulated depreciation.	
10a	10b	10a	10b
10a Land, buildings, and equipment: cost or other basis.			
9	Prepaid expenses and deferred charges.		
8	Inventories for sale or use.		
7	Notes and loans receivable, net.		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		
4	Accounts receivable, net.		
3	Pledges and grants receivable, net.		
2	Savings and temporary cash investments.		
1	Cash — non-interest-bearing		
		37.	10c
		167,141.	
		2	
		230,244.	
		3	
		4	
		5	
		6	
		7	
		8	
		9	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12).	1,028,869.
2	Total expenses (must equal Part IX, column (A), line 25).	1,080,957.
3	Revenue less expenses. Subtract line 2 from line 1.	-52,088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	161,175.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses.	
8	Prior period adjustments.	
9	Other changes in net assets or fund balances (explain in Schedule O).	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	109,087.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2a

X

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

2b

X

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c

X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a

X

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2014)

BAA

TEEA0112L 05/28/14

<b>SCHEDULE O</b> (Form 990 or 990-EZ)		<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		Name of the organization <b>HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION</b>	
Department of the Treasury Internal Revenue Service		Employer identification number <b>95-4779871</b>			
		<b>2014</b>		<b>Open to Public Inspection</b>	

Form 990, Part III, Line 4d Other Program Services Description

COMMUNITY IMPROVEMENTS THE ORGANIZATION CONDUCTED THE PLANNING AND IMPLEMENTATION OF IMPROVEMENTS TO THE DISTRICT INCLUDING THE PLANTING OF TREES AND OTHER IMPROVEMENTS TO BEAUTIFY THE DISTRICT

Form 990, Part VI, Line 11b Form 990 Review Process

THE OFFICERS REVIEW THE TAX RETURN WITH JIM OMAHEN, THE OPERATIONS MANAGER.

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available

ALL DOCUMENTS AVAILABLE TO THE PUBLIC.

Application for Extension of Time To File an  
Exempt Organization Return

File a separate application for each return.  
Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION
Name of exempt organization or other filer, see instructions.	
File by the due date for filing your return. See instructions.	1040 N. LAS PALMAS AVE HOLLYWOOD, CA 90038
Number, street, and room or suite number, if a P.O. box, see instructions.	
Social security number (SSN)	95-4779871
Employer identification number (EIN) or	

Enter the Return code for the return that this application is for (file a separate application for each return).

Application is for	Return Code	Application is for	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of LISA SCHECHTER

- Telephone No. (323) 600-4353 Fax No.
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ and attach a list with the names and EINs of all members check this box. ☐

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
tax year beginning 20, and ending 20  
2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION	95-4779871
File by the due date for filing your return. See instructions.	Number, street, and room or suite number, if a P.O. box, see instructions.	Social security number (SSN)
	Thomas R. Soule, C.P.A. 12520 Magnolia Blvd, Suite 212	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	North Hollywood, CA 91607-2350	

Enter the Return code for the return that this application is for (file a separate application for each return).

☐ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ LISA SCHECHTER

Telephone No. ▶ (323) 600-4353

Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box.

☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

• If this is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2015 and ending 2015
- 5 For calendar year 2014 or other tax year beginning 2015
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- 7 State in detail why you need the extension ☐ Change in accounting period
- Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ President

Date ▶

Exempt Organization name

HOLLYWOOD MEDIA DISTRICT PROPERTY

Identifying number

95-4779871

1	Total gross receipts (Form 199, line 4)	1,028,869.
2	Total gross income (Form 199, line 8)	1,028,869.
3	Total expenses and disbursements (Form 199, line 9)	1,080,957.

Part II Settle Your Account Electronically for Taxable Year 2014

☐ 4 Electronic funds withdrawal

4a Amount

4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number

7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II, if I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here

Signature of Officer

Date

Title

President

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO

Must Sign

ERO's signature

Thomas R. Soule C.P.A.

12520 Magnolia Blvd, Suite 212

North Hollywood

CA

ZIP Code 91607-2350

953269294

FEIN

ERO's PTIN P00008524

Check if self-employed ☒

Check if also paid preparer ☒

Date

Paid Preparer

Must Sign

Firm's name (or yours if self-employed) and address

Firm's name (or yours if self-employed) and address

Paid preparer's signature

Check if self-employed ☐

Paid preparer's PTIN

ZIP Code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014

TAXABLE YEAR 2014  
California Exempt Organization  
Annual Information Return

FORM 199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name  
HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION

Additional information. See instructions.

Street address (suite or room)  
1040 N. LAS PALMAS AVE

City  
HOLLYWOOD

Foreign country name

State  
CA

ZIP code  
90038

Foreign postal code

FEIN  
2220055

PMB no.  
95-4779871

**A** First Return ☐ **B** Amended Return ☐ **C** IRC Section 4947(a)(1) trust ☐ **D** Final Information Return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ **E** Check accounting method: Enter date (mm/dd/yyyy) ☐ Merged/Reorganized ☐ **F** Federal return filed? ☐ 1 Cash ☒ 2 Accrual ☐ 3 Other ☐ **G** Is this a group filing? See instructions. ☐ 1 990T ☐ 2 990-PF ☐ 3 Sch H (990) **H** Is this organization in a group exemption? If 'Yes,' what is the parent's name? ☐ Yes ☒ No **I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ☐ Yes ☒ No **K** Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter the gross receipts from nonmember sources \$ ☐ Yes ☒ No **L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☐ **M** Is the organization a Limited Liability Company? ☐ Yes ☒ No **N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No **O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No **P** Is an IRS Form 1023/1024 pending? ☐ Yes ☒ No Date filed with IRS CACA1112 07/30/15

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	Expenses	Filing Fee	Sign Here	Preparer's Use Only
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	11 Filing fee \$10 or \$25. See General Instruction F.	Signature of officer	Preparer's signature
2 Gross dues and assessments from members and affiliates.	9 Total expenses and disbursements. From Side 2, Part II, line 18	12 Total payments.	Title	Firm's name (or yours, if self-employed)
3 Gross contributions, gifts, grants, and similar amounts received.	8 Total gross income. Subtract line 7 from line 4.	13 Penalties and interest. See General Instruction J.	Date	12520 MAGNOLIA BLVD, SUITE 212
4 Total gross receipts for filing requirement test. Add line 1 through line 3.	7 Total costs. Add line 5 and line 6.	14 Use tax. See General Instruction K.	Check if self-employed <input checked="" type="checkbox"/>	THOMAS R. SOULE C.P.A.
5 Cost of goods sold	6 Cost or other basis, and sales expenses of assets sold.	15 Balance due. Add line 11, line 13, and line 14.		NORTH HOLLYWOOD, CA 91607-2350
6				953269294
7				Telephone (818) 980-7867
8				PTIN P00008524
9				Telephone (323) 860-0088
10				
11				
12				
13				
14				
15				

Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the FTB discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No



Attach to Form 100 or Form 100W. FORM 199

Corporation name HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION

California corporation number 2220055

Part I Election to Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California.	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)

OFFICE EQUIPME 7/01/2000

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).	15	0
----	---	----	---

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). Total depreciation claimed for federal purposes from federal Form 4562, line 22.	16	
17	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	17	
18	Depreciation adjustment. If line 18 is greater than line 17, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 18 is less than line 17, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.	18	

Part IV Amortization

19	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC section (see instr)	Period or percentage	Amortization for this year
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.	22	

Statement 1

Form 199, Part II, Line 7

Other Investment Income.

\$1,250.

\$1,250.

Total

Statement 2

Form 199, Part II, Line 11

Compensation of Officers, Trustees, Directors, and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
WILL ANABEL 3579 E. FOOTHILL BLVD. #330 PASADENA, CA 91107	Secretary 5 00	\$0	\$0	\$0
MIKE MALICK 515 S FLOWER ST #500 LOS ANGELES, CA 90071	President 5 00	0	0	0
JL SINGER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038	Asst Treasurer 5 00	0	0	0
RON GROEPER 1041 N MC CADDEN PL. HOLLYWOOD, CA 90038	Vice President 5 00	0	0	0
CAROL CASSELLA 846 N CAHUENGA BLVD. HOLLYWOOD, CA 90038	Vice Pres I 2 00	0	0	0
LAURIE GOLDMAN 320 N LA PEER DR. #307 BEVERLY HILLS, CA 90211	Treasurer 5 00	0	0	0
Total \$0.				

Statement 3

Form 199, Part II, Line 17

Other Expenses

CLEANING & MAINTENANCE.

IMPROVEMENTS & MARKETING.

Management fees

Security.

Special Projects.

\$250,874

27,644

105,257

655,529

41,653

Total \$1,080,957.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2014

For calendar year 2014, or fiscal year beginning \_\_\_\_\_ 2014, and ending \_\_\_\_\_  
Do not send to the IRS. Keep for your records.  
Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION

Employer identification number

95-4779871

Name and title of officer

MIKE MALICK

President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1 a Form 990 check here. ☒ b Total revenue, if any (Form 990, Part VIII, column (A), line 12). 1,028,869.
- 2 a Form 990-EZ check here. ☐ b Total revenue, if any (Form 990-EZ, line 9).
- 3 a Form 1120-POL check here. ☐ b Total tax (Form 1120-POL, line 22).
- 4 a Form 990-PF check here. ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5).
- 5 a Form 8868 check here. ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount shown on the copy of the organization's electronic return, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Thomas R. Soule C.P.A. to enter my PIN 09870 as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-file (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form -- See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)